

Quarterly Progress Report
Local Government Projects
Kentucky Community Development Office
Governor's Office for Local Development

Type of Award

Please check one of the following (double-click on box to check):

- ☐ Local Government Economic Development Fund (LGEDF)-Line-item ☐ LGEDF-Grant
- ☐ Community Economic Growth Grant (CEGG)

Project

Project Title: _____

Type of Project (construction, revitalization, purchase of land/equipment, etc.): _____

Project Allocation: \$ _____

Grantee

Legal Grantee: _____

Street Address: _____

City, State, Zip Code: _____ Office Phone: _____

Official's Name: _____

Was applicant a pass-thru agency to third-party recipient? (check one) ☐ yes ☐ no

If yes, please list third-party recipient _____

Project Status

Please check the appropriate quarter of this progress report:

☐ July-Sep

☐ Oct-Dec

☐ Jan-March

☐ April-June

Have all funds allocated for this project been received and expended? _____

If yes, please complete the *Project Completion Report* and send to the Governor's Office for Local Development, attention to the Kentucky Community Development Office.

Project Status (cont.)

If no, please explain any delays or problems with project. Make sure to provide an estimated date for completion (REQUIRED):

Is there a disbursement request attached? (check one)

☐ yes ☐ no

Is the financial back-up document attached? (check one)

☐ yes ☐ no

Total number of previous draws: _____ Total amount of disbursements received to date: _____

Please list all financial transactions within the quarter:

Payable	Amount	Purpose (equipment, supplies, etc.)
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Financial Information

Certification of Recipient

Name and Title of Chief Executive Officer: _____

Signed _____ Date _____

Name and Title Third Party Recipient: _____

Signed _____ Date _____

For GOLD use only

FOR GOLD USE ONLY: This *Quarterly Progress Report* is hereby approved.

Name and Title of Commissioner: _____

Signed _____ Date _____

Kentucky Community Development Office ▪ Governor's Office for Local Development
1024 Capital Center Drive, Suite 340 ▪ Frankfort, KY 40601
Phone: 502-573-2382 ▪ Toll Free: 800-346-5606 ▪ Fax: 502-573-0175 ▪ www.gold.ky.gov

